

# PAIRED - Patient Reported Experiences and perceived benefit of treatment with dolutegravir/lamivudine (DTG/3TC): A sub-analysis of people with HIV (PWH) switching from bicitegravir/emtricitabine/tenofovir alafenamide (BIC/FTC/TAF) in the United States (US)

Jihad Slim, MD<sup>1</sup>; Andrew P. Brogan, PhD<sup>2</sup>; Gavin Harper, BA<sup>3</sup>; Katie Mycock, MChem<sup>3</sup>; Abigail McMillan, MSc<sup>3</sup>; Deanna Merrill, PharmD, MBA<sup>2</sup>; Gustavo Verdier, BSc, BPharm, MBA<sup>4</sup>

<sup>1</sup>New York Medical College, Valhalla, NY, USA; <sup>2</sup>ViiV Healthcare, Durham, NC, USA; <sup>3</sup>Adelphi Real World, Bollington, UK; <sup>4</sup>ViiV Healthcare, Montreal, Canada



## Key Takeaways

- PWH who switched from BIC/FTC/TAF to DTG/3TC reported high treatment satisfaction, good adherence, and moderate to high quality of life
- Number of PWH rating 6/6 on treatment satisfaction more than doubled when switching from BIC/FTC/TAF to DTG/3TC
- Avoiding side effects, minimizing long-term impact, and controlling weight were key factors influencing the switch to DTG/3TC
- Good adherence was observed, with 88% of PWH reporting never or rarely missing a DTG/3TC dose

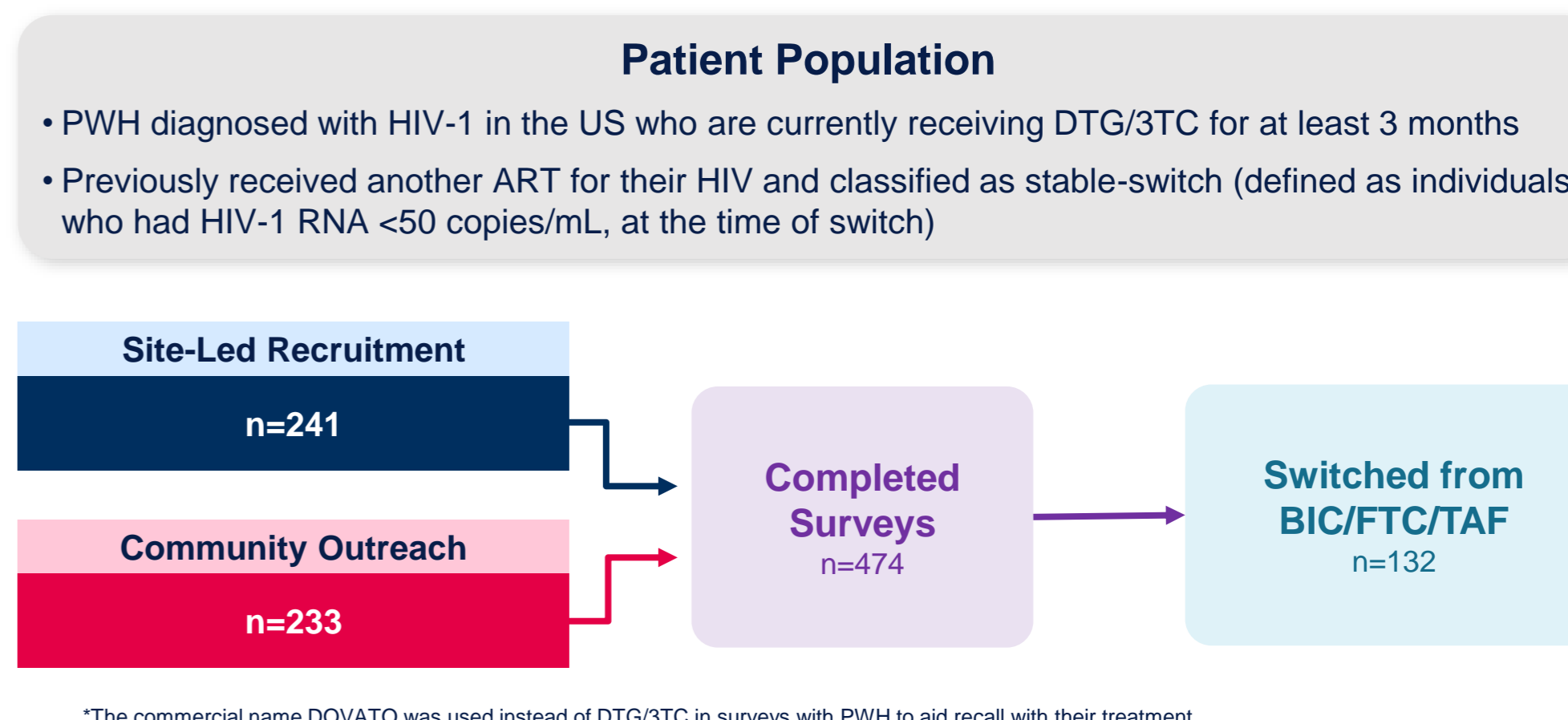
## Introduction

- Despite huge advances in development of highly effective treatment options for PWH, as demonstrated through clinical and real-world data, in order to provide a holistic package of care for PWH, further understanding of PWH's real-world experience, drivers for treatment choice and satisfaction with their ART are required from an individual's perspective
- As part of a patient-centric approach, further insight was needed into PWH's treatment satisfaction with DTG/3TC to meet the ongoing needs of PWH

## Methods

- PAIRED was a cross-sectional survey and qualitative study of stable-switch PWH receiving DTG/3TC\* in the US<sup>1-2</sup>
- This sub-analysis focused on PWH who switched from BIC/FTC/TAF to DTG/3TC to explore their treatment experiences and outcomes
- PWH ≥18 years, receiving DTG/3TC for ≥3 months, were recruited through site-led and community outreach methods
- The survey included validated instruments [HIV-Treatment Satisfaction Questionnaire (HIVTSQs),<sup>3</sup> PoZQoL,<sup>4</sup> Adelphi Adherence Questionnaire™ (ADAQ)<sup>5</sup>]

Figure 1. PAIRED US Study Design

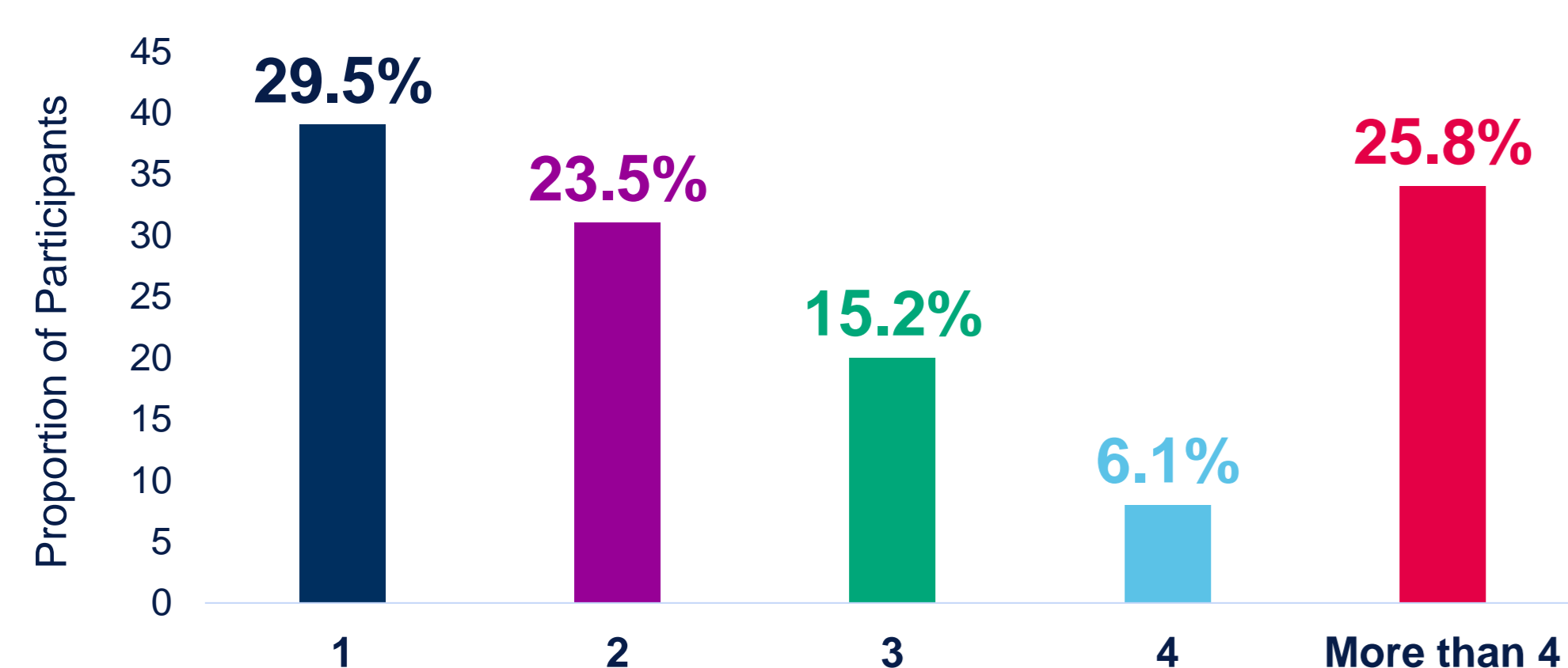


## Results

- Of the 474 PWH included in PAIRED, 132 (28%) switched from BIC/FTC/TAF to DTG/3TC
- Median age of this subgroup was 49 years, 33% were female assigned sex at birth, 52% identified as non-White, and 33% were of Hispanic, Latinx, or Spanish origin (Table 1)
- Majority of participants (60%) had been taking BIC/FTC/TAF for >12 months before switching to DTG/3TC, and for 70% of them BIC/FTC/TAF was not their first regimen (Figure 2)

<b>Age, median years (IQR)</b>	<b>49.0 (37.0-58.8)</b>
< 50 years	68 (51.5%)
<b>Assigned sex at birth</b>	
Female	43 (32.6%)
Male	89 (67.4%)
<b>Gender Identity</b>	
Cisgender woman	41 (31.1%)
Cisgender man	87 (65.9%)
Transgender woman	1 (0.8%)
Transgender man	1 (0.8%)
Non-binary / Gender queer	0 (0%)
A gender identity not listed here	2 (1.5%)
<b>Race</b>	
Black or African American	45 (34.1%)
White/Caucasian	63 (47.7%)
Asian	3 (2.3%)
Multiracial	7 (5.3%)
Another race not mentioned	14 (10.6%)
<b>Hispanic, Latinx, and/or Spanish Origin</b>	
Yes	44 (33.3%)
<b>Sexual Orientation</b>	
Homosexual (Gay / Lesbian)	58 (43.9%)
Heterosexual (Straight)	56 (42.4%)
Bisexual / Pansexual	12 (9.1%)
Prefer not to say	6 (4.5%)
<b>Insurance Coverage (n=124)</b>	
Medicare	27 (21.8%)
Medicaid (or equivalent in your state)	42 (33.9%)
AIDS Drug Assistance Program (ADAP)	35 (28.2%)
Employer provided / sponsored insurance	50 (40.3%)
Privately arranged insurance	9 (7.3%)
Health insurance exchange plan	3 (2.4%)
Tricare / Veterans health care	0 (0%)
Other	6 (4.8%)
Don't know	3 (2.4%)
<b>Length of time person has been diagnosed with HIV-1, median years (IQR)</b>	<b>11.5 (4.2, 22.0)</b>

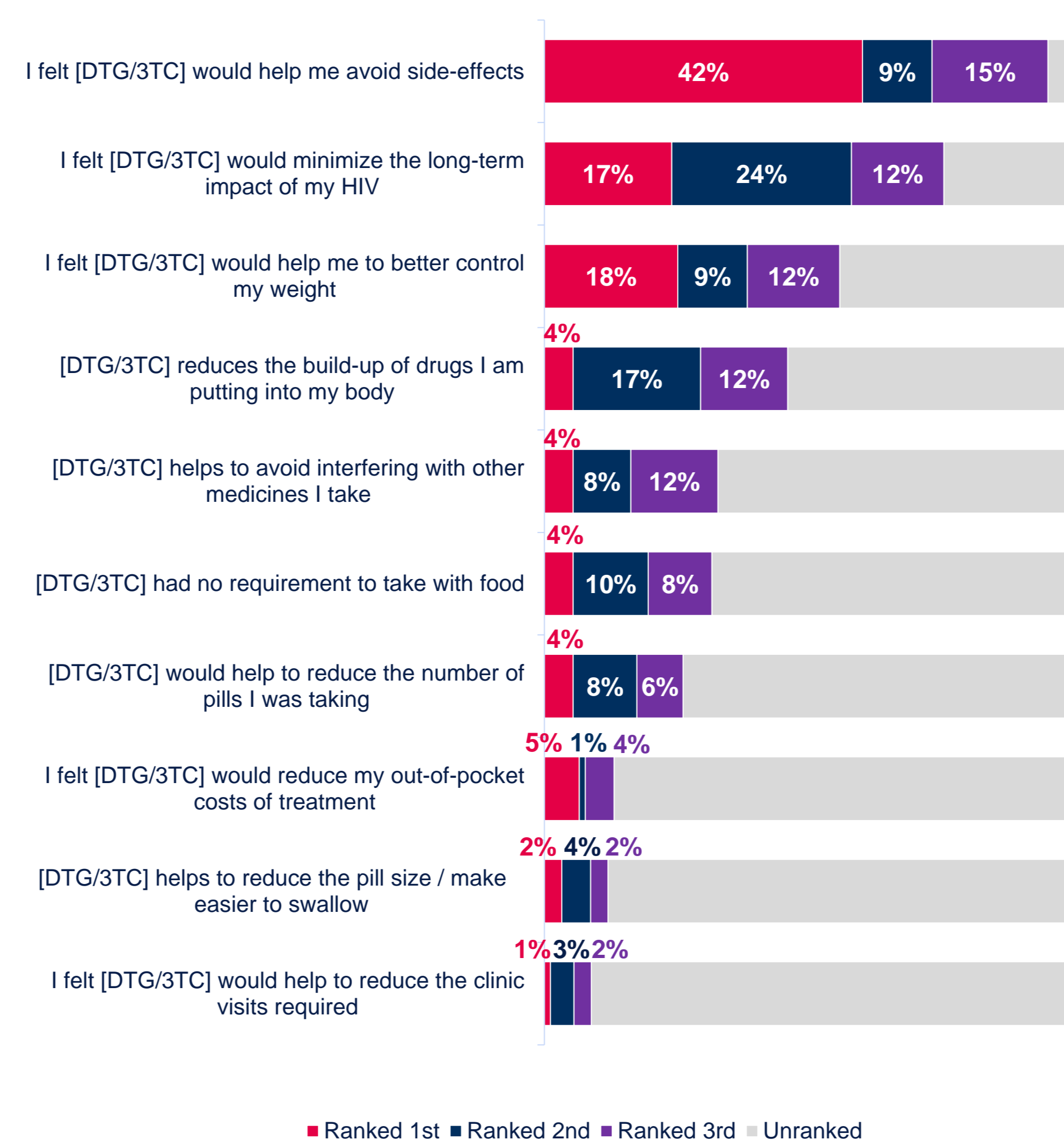
Figure 2. Total Number of Prior ART Regimens (n=132)



## Factors Influencing the Switch From BIC/FTC/TAF to DTG/3TC

- Most common factors influencing the switch from BIC/FTC/TAF to DTG/3TC were to avoid side effects (66%), to minimize long-term impact (53%), and to help better control weight (39%) (Figure 3)

Figure 3. PWH Ranking Factors Influencing Switch to DTG/3TC\* (n=131)



\*Missing (n=1)

## PWH Reported Satisfaction

- PWH switching from BIC/FTC/TAF reported high satisfaction with DTG/3TC using the HIVTSQs [median total score 57.0 (IQR: 52.2-60.0) out of 60] (Figure 4)
- PWH also reported improved treatment satisfaction with DTG/3TC compared with BIC/FTC/TAF (Figure 5)
  - 30% reported being very satisfied (6/6) before switching to DTG/3TC
  - 70% reported being very satisfied (6/6) after switching to DTG/3TC

Figure 4. PWH Satisfaction With DTG/3TC When Switching From BIC/FTC/TAF (HIVTSQs)

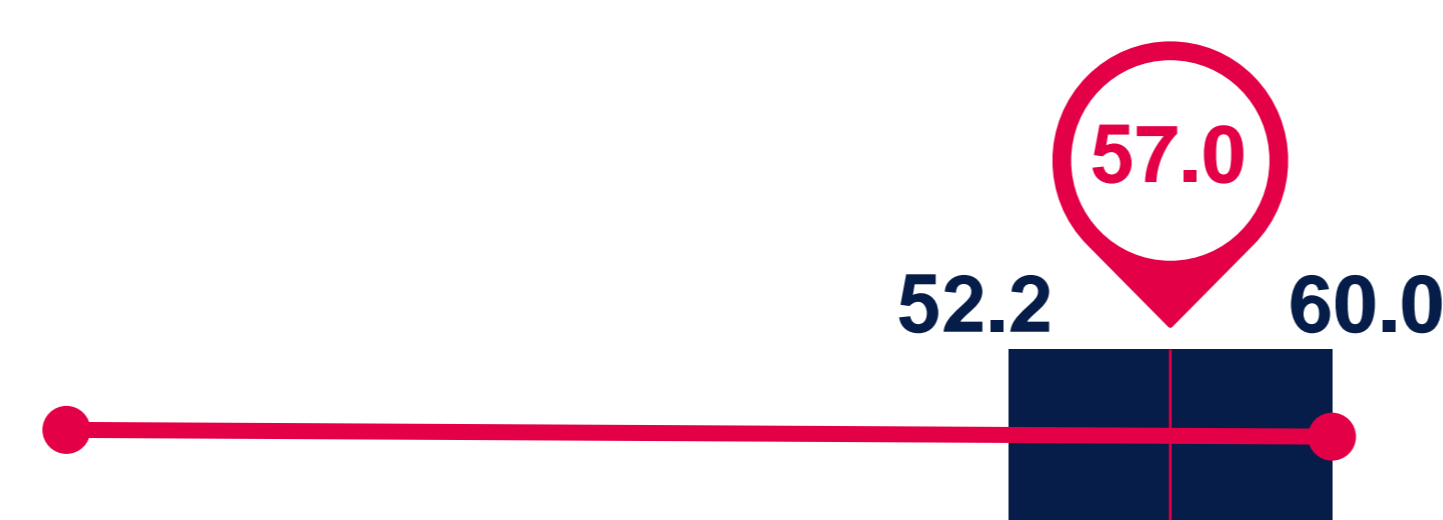
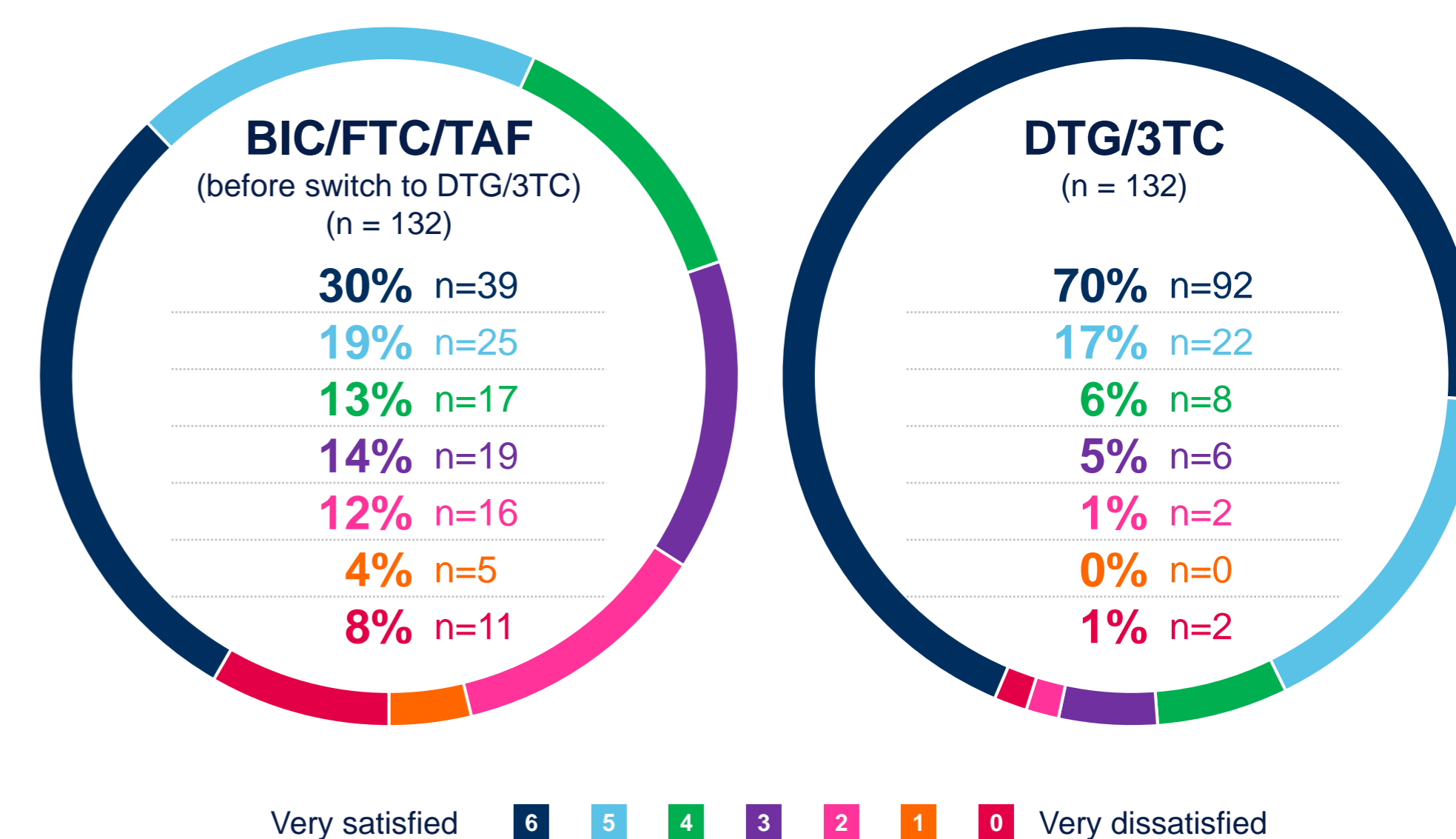


Figure 5. Overall Satisfaction With BIC/FTC/TAF Before Switch to DTG/3TC and Satisfaction With DTG/3TC After Switch



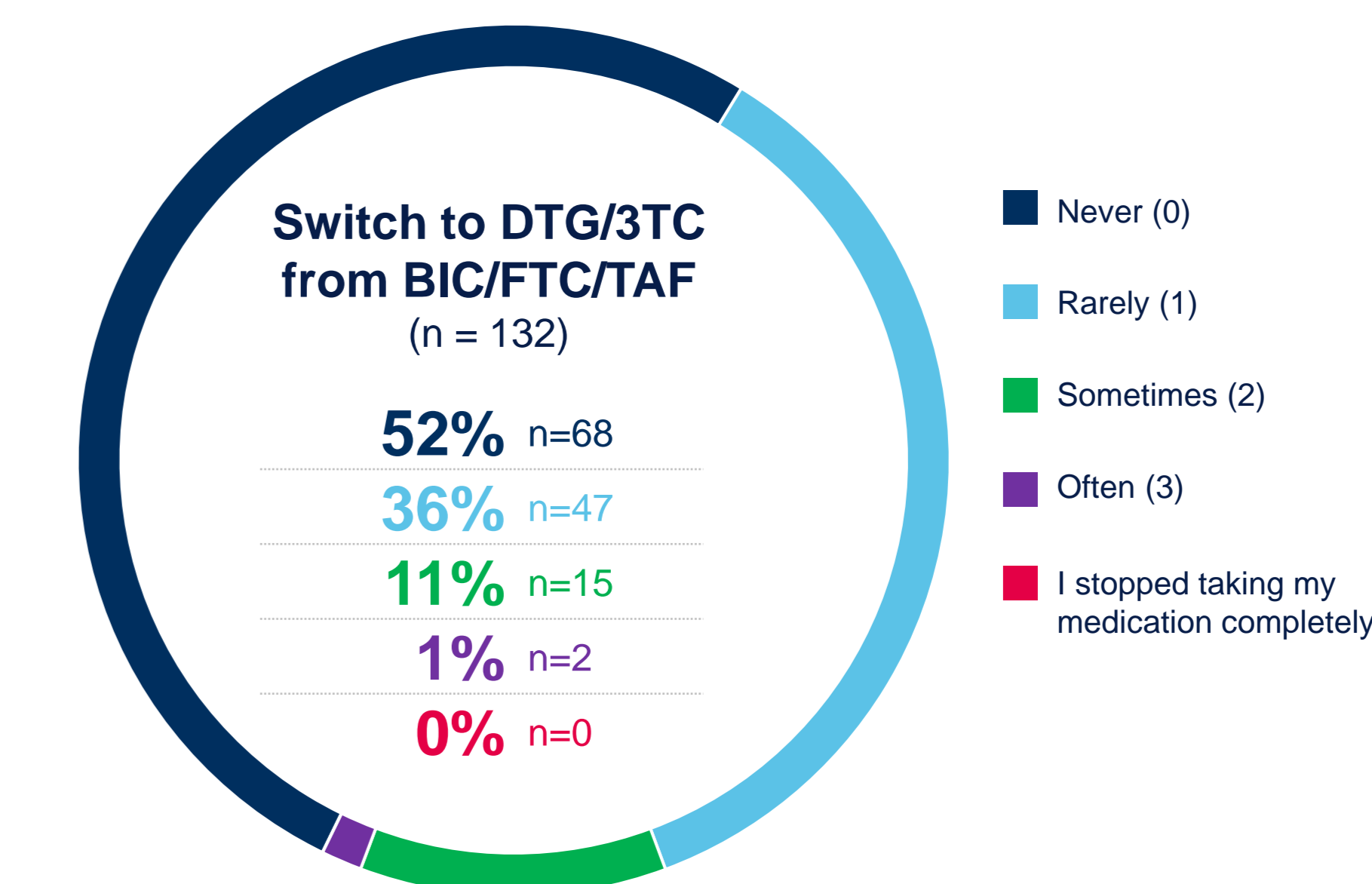
## PWH Reported Adherence

- Good adherence with DTG/3TC was observed using the ADAQ [median score 0.3 (IQR: 0.1-0.5); possible scores 0-4 with lower scores indicating greater adherence] (Figure 6)
- 88% of PWH reporting never or rarely missing a DTG/3TC dose (Figure 7)

Figure 6. PWH Adherence With DTG/3TC (ADAQ)



Figure 7. PWH Reported Frequency of Missing DTG/3TC Dose



## PWH Quality of Life

- PWH reported moderate to high quality of life using the PoZQoL [median score 46.0 (IQR: 37.0, 55.0) out of 65]

## Conclusions

- This sub-study from PAIRED represented a diverse real-world sample of PWH switching from BIC/FTC/TAF to DTG/3TC
- The number of PWH rating 6/6 on treatment satisfaction more than doubled when switching from BIC/FTC/TAF to DTG/3TC